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ABSTRACT

The safe and effective use of medication is a concern for both older women patients and older women as caregivers. In 1989, twice as many antidepressants were prescribed for women as for men, and older women are more likely to have such drugs prescribed for them. According to studies, older women who live alone have the highest use of both prescription and over-the-counter drugs. A 1990 report on women's health stated that drug dosages are generally determined by studies of young men, whose bodies metabolize drugs differently than women's bodies do and who generally stay on medication for shorter periods than older women do. Although older people have been found to have high rates of drug dependence, the addiction problems of retired adults are often taken less seriously than are addictions in younger people. Older women must become better informed health care consumers by getting complete, easy-to-understand drug information; sharing their needs and concerns with doctors, druggists, and other caretakers; and asking health care providers to respond to problems caused by medication. (An annotated list of 14 print, audiovisual, and community resources is included.) (MN)

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ED 366 741

CREATING
PRAIRIE CRONIES

Lifecycle Learning Sheet

THIS WILL FIX YOU UP: OLDER WOMEN AND THE WISE USE OF MEDICATION

Evelyn Sedgewick took medication for years to control her irregular heartbeat. She felt healthy until she had to go to the hospital to have her appendix removed. After the operation, Evelyn's blood pressure dropped alarmingly, and her doctor decided to put her on a different heart medication, Digoxin.

After Evelyn returned home, she had no energy and no appetite. She thought her recovery from the operation was taking longer than she expected. After she had been taking Digoxin for several months, Evelyn noticed that she felt better on the one day per week that she did not take it. She went to another town to ask her former family doctor for advice, and he cut her dosage in half for three months to see if the decrease in medication would improve her general well-being.

Although the troubling symptoms went away, Evelyn began to have heart palpitations again. Then she became so ill with flu that she had to be hospitalized. During that time, she was taken off Digoxin completely, and given another medication. Since then, her symptoms have not returned.

Evelyn believes that patients should be warned about possible side-effects when their prescribed medication is changed. She also believes that doctors should watch their patients' progress while they are on medication, and that patients' complaints should be taken seriously.

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Seniors' Education Centre
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The safe and effective use of medication is a concern both for older women patients and for older women as caregivers.

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Mildred Wotherspoon learned about her husband's reaction to various drugs when he was hospitalized with his final illness. Before he died, Mildred found out that "sleeping medications" did not make him sleep peacefully. Even though Mildred was told her husband would be watched when he was in his hospital bed, he climbed over the safety rail. When he fell, he hurt his shoulder and collar bone so badly that he was never able to raise his arm again without pain. When Mildred's husband needed surgery, he was given pain killers which made him confused and did not ease his pain. Mildred asked the hospital staff not to give him sedatives when he was too ill to speak for himself, but they did not accept her advice. Mildred finally convinced a staff member to read the medication sheet which was drawn up when her husband was admitted to hospital. By that time, he had been taken off the cortisone treatments he had taken for two years, and he was having withdrawal symptoms.

After being on fourteen kinds of medication and being tube-fed because he could not eat without vomiting, Mildred's husband did not want to take any more "stuff." Mildred met with her minister, her family, her husband's doctor, the pastoral care supervisor, the director of nursing and a social worker. After much discussion, it was agreed to stop all medication. Mildred's husband was kept comfortable for a week until he died peacefully.

Mildred would like to see changes in the way dying patients are treated by the medical profession. She believes that:

1) A medical chart should follow the patient and be adhered to.

2) There should be more input by nurses who consistently care for the patient.

3) The patient's reactions to drugs should be noted and believed.

4) Doctors should discuss and agree on treatment instead of arguing over drugs and methods.

5) Medical staff should write honest reports.

ISSUES AND FINDINGS

- In 1989, twice as many anti-depressants were prescribed for women as for men. Prescribing of these drugs increased with the age of the patients (Quinn, Baker and Evan 1992, p 88. See reference section for complete citation).

- Older women who live alone were found to have the highest use of both prescription and over-the-counter drugs (Rawson and D'Arcy 1991, p 44).

- According to studies of prescribing trends in Saskatchewan, one-fifth of all older women in the province in 1989 were given at least one prescription for a class of mood-altering drugs called benzodiazepines. The researchers found that these drugs have often been prescribed for long-term use (periods of five to ten months) in spite of recommendations from the manufacturers that these drugs be used only for short-term therapy (Quinn, Baker and Evan 1992, p 88).

- A report on women's health produced in 1990 states that "drug dosages are determined, for the most part, by studies of young men. This can pose significant problems, not only because women are prescribed more drugs that men, but because women suffer ... more adverse reactions" (Women's Health 1990, p 35). The report explains that drugs affect women differently than men, and that drugs stay for longer periods in the bodies of older people.

- Since the 1960s, older people have been found to have a high rate of drug dependency, yet the addiction problems of retired adults are often taken less seriously than addictions in younger people who are expected to lead more active lives. Signs of drug dependency and reactions to withdrawal when older adults stop taking long-term medication can include confusion, memory loss, clumsiness, numbness and sleep problems. These signs are sometimes mistaken for signs of aging.

ISSUES FOR FURTHER CONSIDERATION

Older women have unique health problems which need to be clearly identified. As health care consumers, older women can become sensitive observers of physical conditions and informed users of medication. Becoming informed means:

- getting complete information that is easy to understand;
- telling doctors, druggists and other caretakers about needs and concerns; and
- asking health care providers to respond to problems caused by medication.

Studies conducted on men or on younger people cannot always be relied on to show which medications are safe or effective for older women.

Discrimination based on gender and on age is part of the social environment in which older women live. Commonly-held opinions about the needs of women and of those defined as "elderly" are likely to affect the health care that older women receive.

Estrogen replacement therapy for women who are past menopause is a controversial "cure" for the effects of reduced hormone levels in the body. This therapy is recommended by some doctors who believe that it lessens the risk of osteoporosis (thinning and weakening of bone mass) and slows the aging process. However, no drug therapy can be an exact replacement of naturally-produced hormones. Efforts to intervene in the physical process of aging are seen by some people as both unsafe and unnecessary. Some doctors, and some women, think of menopause as a disease, even though it is a natural part of the aging process for women.

Women in Canada tend to live longer than men, and they are more likely than men to have chronic health problems which are not life-threatening. Therefore, older women are likely to use medication for much longer periods than men. Older women are also more likely to use more than one type of medication at a time. Women who are taking more than one drug therapy need to be aware of possible drug interactions, even if some of their medication is available without a prescription.

REFERENCES

(all taken from Jim Harding, What Have We Learned About the Social Basis of the Over-Prescribing of Mood-Modifying Pharmaceuticals to Women? - Paper presented to Conference on "Women, Racial Minorities, Medicine and Health," University of Saskatchewan, June 12-13, 1992)

Federal/Provincial/Territorial Working Group on Women's Health. 1990. Working Together for Women's Health: A Framework for the Development of Policies and Programs.

Quinn, Kevin; Baker, Margaret and Evans, Bob. 1992. Who Uses Prescription Drugs: Results from a Population-Wide Study in Saskatchewan. Regina, Sask: Saskatchewan Health.

Rawson, Nigel and D'Arcy, Carl. 1991. "Sedative-Hypnotic Drug Use in Canada." Health Reports 3:1:33-57.

PRINT RESOURCES

William McKim and Brian Mishara, Drugs and Aging (Butterworth's, 1989). Order from Butterworth's/Heinemann, 80 Montvale Avenue, Stoneham, Massachusetts 02180, U.S.A.

AWARE, Drug Wise: A Book for Older Women About Safe Medication Use. This book includes information about prescription pills, over-the-counter drugs and alcohol, information about problems related to drug use, ideas for using drugs safely, ideas for feeling better without drugs and ideas for getting help. Available for $3.00 per copy from AWARE (Action on Women's Addictions, Research and Education), P.O. Box 86, Kingston, Ontario K7L 4V6, Phone: (613) 545-0117. Or can be borrowed from the Seniors' Education Centre, Art Gallery Building, University of Regina Extension.

AWARE, Drug Wise: A Book About Safe Drug Use for Older Women Who Are Caregivers. Available for $3.00 from AWARE and can be borrowed from SEC.

A Fit Third Age (a newsletter about safe fitness for older people), Secretariat for Fitness in the Third Age, 1600 James Naismith Drive, Gloucester, Ontario K1B 5N4. Phone: (613) 748-5726.

Health and Homes: Women as Health Guardians. Available free from the Canadian Advisory Council on the Status of Women, Box 1541, Station B. Ottawa, Ontario K1P 5R5.

Healthy Horizons (journal of the Consumers Health Organization of Saskatchewan). Produced quarterly. Write to 1378 Horace Street, Regina, Saskatchewan S4T 5L6.

The Boston Women's Book Collective, Ourselves, Growing Older. Simon and Schuster, New York, 1987.

AUDIO-VISUAL RESOURCES

Pills Unlimited

VHS

National Film Board

A young student and her grandmother become aware of the problems of excessive use of medication by many seniors and explore some of the alternatives which may be considered.
29 minutes - C 9190 136 - $26.95.

It is Hot In Here? A Film About Menopause

VHS

National Film Board

With humor sometimes tinged with ruefulness, a group of women discuss menopause, sexuality, and how it feels to be aging in a society consecrated to youth. The video also examines how the medical profession is influenced by the pharmaceutical industry's advertising, and underscores the need for women to become educated health consumers.
38 minutes - C 0186 043 - $26.95.

COMMUNITY RESOURCES

The ASK Campaign encourages Seniors to ASK your doctor, pharmacist or nurse questions like: Why am I taking this medicine? What is it going to do for me? Are there possible side effects?

For more information on the campaign, contact:

Canadian Coalition on Medication Use and the Elderly
1565 Carling Avenue
Suite 400
Ottawa, Ontario
K1Z 8R1
(613) 725-3769
Fax (613) 725-9826

Saskatchewan Consumer Drug
Information Centre.
Toll-free: 1-800-665-DRUG (3784).
In Saskatoon: 975-3784

Mental Health Services of
Saskatchewan
3475 Albert Street, Regina,
Saskatchewan
Phone: 787-3286

Clinical Gerontological Unit
University Hospital
Saskatoon, Saskatchewan S7N OXO
Phone: 966-1433

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